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	Application Number	10/706,413 November 12, 2003				
TRANSMITTAL	Filing Date					
FORM	First Named Inventor	Shane HUNTE	R			
(to be used for all correspondence after initial filing)	Group Art Unit	3747				
	Examiner Name		Fax: 703) 872-9302			
Total No. of Pages in this Submission: 3	Attorney Docket Number	GRIHAC P43AUS				
ENCLOSURES (check all that apply)						
☐ Fee Transmittal Form	☐ Assignment papers (for an Application)		☐ After Allowance Communication to G oup			
☐ Fee attached	Drawing(s)		☐ Apreal Communication to Board			
☐ Amendment/Respionse			of Appeals and Interferences			
☐ After Final			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
Affidavits/declaration(s)	and Accompanying Petiti		□ Proprietary Information			
☐ Extension of Time Request	☐ To Convert a Provisional	Petition	☐ Status Letter			
☐ Express Abandonment Request	Power of Attorney, Revo					
☐ Information Disclosure Statement	. Change of Corresponden	ce Address	Add tional Enclosure(s) (ple:-se identify below):			
.  Certified Copy of Priority	☐ Terminal Disclaimer-	:	Transmittel			
Document(s)	☐ Small Entity Statement		Submission of POA & Change of Address Form			
☐ Response to Missing Part/s Incomplete Application	☐ Request for Refund					
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REMARKS						
		•				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm or Individual Name Michael J. Bujo		Reg. No. 32,018 CUSTOMER NO. 020210				
Signature Ruled By de						
Date July 8, 2004						
CERTIFICATE OF TRANSMISSION						
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on July 8, 2004						
Type or printed name Michael J. Bujold 4						
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Ø 002/003



7/8/04

PATENT APPLICATION

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

;

Serial no.

10/706,413

Filed

November 12, 2003

Shane HUNTER

For

BREATHER SYSTEM FOR A MOTORCYCLE

**ENGINE** 

**Group Art Unit** 

3747

Examiner

:

Docket ·

**GRIHAC P43AUS** 

The Commissioner for Patents U.S. Patent & Trademark Office P. O. Box 1450 Alexandria, VA 22313-1450

# SUBMISSION OF REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF ATTORNEY DOCKET NUMBER AND CORRESPONDENCE ADDRESS

Dear Sir:

Enclosed is a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address form to be entered in this case.

Please update the United States Patent and Trademark Office records to indicate the new Attorney Docket, namely change Attorney docket No. 043153-9088-00 to GRIHAC P43AUS.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

Michael J. Bujold Reg No. 32,018

Customer No. 020210 Davis & Bujold, P.L.L.C.

Fourth Floor

500 North Commercial Stree: Manchester NH 03101-1151 Telephone 603-624-9220 Facsimile 603-624-9229

E-mail: patent@davisandbujold.com

### 07/08/2004 15:27 FAX 603 624 9229

### DAVIS & BUJOLD, PLLC

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/"06.413 No ember 12, 2003 Filing Date **REVOCATION OF POWER OF** Shane HUNTER First Named Inventor ATTORNEY WITH **NEW POWER OF ATTORNEY** Art Unit 37.7 AND **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS GF IHAC P43AUS Attorney Docket Number

A Power of Attorney is submitted herewith.  OR  ✓ I hereby appoint the practitioners associated with the Customer Number:  ✓ Please change the correspondence address for the above-identified application to:  ☐ The address associated with Customer Number:  OR  ☐ Firm or Individual Name						
OR  ✓ I hereby appoint the practitioners associated with the Customer Number:  ✓ Please change the correspondence address for the above-identified application to:  ☐ The address associated with Customer Number:  OR  ☐ Firm or Individual Name  Address  Fourth Ploor  Address  Fourth Ploor  Address  State  What Zip 03101-1151  Country  United States of America  Telephone  603-624-9220  Fax 603-624-9229  I am the:  ✓ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  ☐ Telephone  Telephone	hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint the practitioners associated with the Customer Number:   020210	A Power of Attorney is	s submitted herewith.				
Please change the correspondence address for the above-identified application to:  The address associated with Customer Number:  OR  Firm or Individual Name  Davis & Bujolid, F.L.L.C.  Address  Fourth Ploor  Address  500 North Commercial Street  City  Manchester  State NH  Zip  03101-1151  Country  United States of America  Telephone  603-624-9220  Fax  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  Telephone		practitioners associated with the C	Customer Nu	moer.		
The address associated with Customer Number:  OR  Firm or Individual Name  Address  Fourth Floor  Address  State  Manchester  City  Manchester  Country  United States of America  Telephone  603-624-9220  Fax  Applicant/Inventor.  Assignee of record of the entire Interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  Date  10 - 6 - CM-  Telephone				•		
Customer Number:  OR  Firm or Individual Name  Address  Fourth Floor  Address  Soo North Commercial Street  City  Manchester  State  NH  Zip 03101-1151  Country  United States of America  Telephone  603-624-9220  Fax 603-624-9229  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shene HUNTER  Signature  Date  Telephone	Please change the correspondence address for the above-identified application to:					
Address Fourth Floor  Address 500 North Commercial Street  City Manchester State NH Zip 03101-1151  Country United States of America  Telephone 603-624-9220 Fax 603-624-9229  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name Shane HUNTER  Signature Telephone						
Address  Fourth Floor  Address  500 North Commercial Street  City  Manchester  State  NH  Zip 03101-1151  Country  United States of America.  Telephone  603-624-9220  Fax 603-624-9229  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  Telephone	OR .					
Address 500 North Commercial Street  City Manchester State NH Zip 03101-1151  Country United States of America  Telephone 603-624-9220 Fax 603-624-9229  I am the:						
Country  Dnited States of America  Telephone  603-624-9220  Fax  603-624-9229  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  Telephone		Pourth Ploor				
Country  United States of America  Telephone  603-624-9220  Fax  603-624-9229  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  Telephone	Address	500 North Commerci	al Street			
Telephone  603-624-9220  Fax  603-624-9229  I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)  SIGNATURE of Applicant or Assignee of Record  Name  Shane HUNTER  Signature  Telephone	City	Manchester	State	NH 2/P 03101-1151		
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Name Shane HUNTER  Signature Telephone	Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
Signature Telephone Telephone		SIGNATURE of Applicant of	or Assignee	of Record		
Date 10 - 6 - 04 Telephone	Name Shane HUNTER					
1 Date 1 177 ~ A ~ 778 ~						
the state of the s	Date 10-6-	04-				
NOTE: Signatures of all the invantors or assignees of record of the entire interest or their representative(s) are required. Sui-mit multiple forms if more than one signature is required, see below.	NOTE: Signatures of all the invantor signature is required, see below.	s or assignees of record of the entire interest or	meir representativ	co(s) and residence. On the control of the control		

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the pi blic which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete. Any comments on the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEE3 OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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